



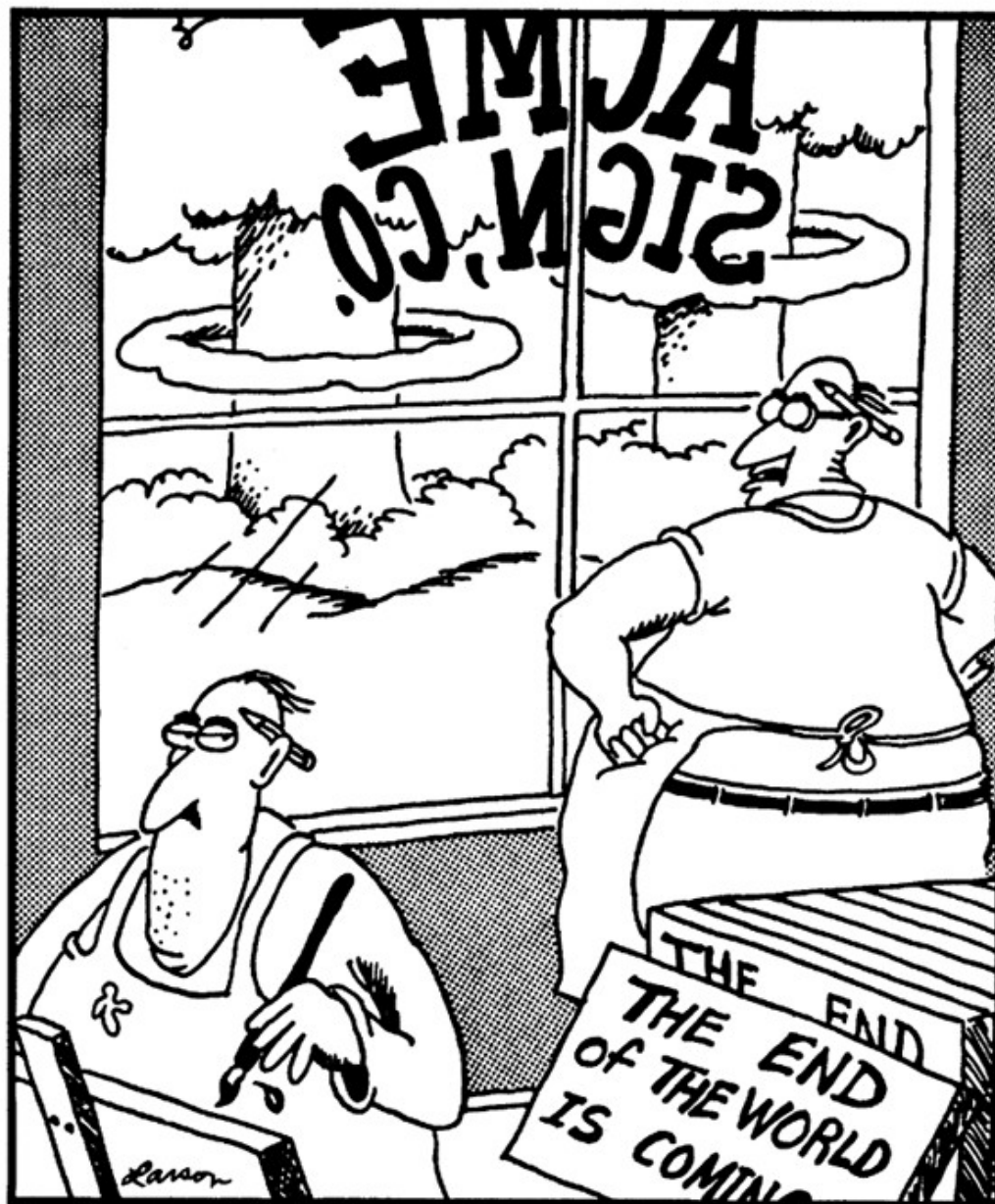
CISM and PTSD

AMIP Presentation

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"Wouldn't you know it! ... There goes our market for those things!"

CRITICAL INCIDENT STRESS MANAGEMENT

■ ***OVERVIEW***

- *Definition/examples of CISM*
- *AF requirements*
- *History*
- *Types: CISDs, defusings, demobilizations*
- *The CISM team*

CRITICAL INCIDENT STRESS MANAGEMENT

- *CISM is a comprehensive, organized approach for the reduction and control of harmful aspects of stress*
- *Includes the following:*
 - *Debriefings (CISDs)*
 - *Defusings*
 - *Demobilizations*

CRITICAL INCIDENT STRESS MANAGEMENT

- *CISM includes (cont'd)*
 - Follow-up services after critical incident interventions*
 - Pre-incident traumatic stress education*
 - Ongoing stress education*
 - Family Support Services*



CRITICAL INCIDENT STRESS MANAGEMENT

WHY CISM?

- *Minimize impact of exposure to critical events; Prevent PTSD!*
- *AFI 44-153 (1 Jul 99)*
 - Critical Incident Stress Teams (CISTs)*

CRITICAL INCIDENT STRESS MANAGEMENT

- ***CISTs** at each installation--Appointed by Wing CC*
- *Includes the following team members:*
 1. *Medical*
 2. *Mental Health*
 3. *Chaplain/Chaplain support personnel*
 4. *Peer representative—an enlisted ombudsman*
 5. *Family Support Center rep.*
 6. *Team may also include peer debriefers*

CRITICAL INCIDENT STRESS MANAGEMENT

HISTORY OF CISM

Initially developed by Dr. Jeffrey Mitchell for prevention of Post Traumatic Stress (and PTSD) especially among high risk occupational groups:

*Fire Suppression, Law Enforcement,
Emergency Medicine, Disaster Response,
& Emergency Dispatch Personnel*

CRITICAL INCIDENT STRESS MANAGEMENT

The CISD Team (per Mitchell)

- *Partnership between Mental Health Professionals & Emergency/High Risk Personnel (those interested in preventing or mitigating the negative impact of traumatic stress on themselves and fellow workers)*

CRITICAL INCIDENT STRESS MANAGEMENT

- *CISM's aims are straightforward:*
 - 1. Education*
 - 2. Normalize feelings and thoughts*
 - 3. Development of coping skills*
 - 4. Help/speed recovery from symptoms*
 - 5. Hopefully prevent long term problems (PTSD)*

CRITICAL INCIDENT STRESS MANAGEMENT

- ***Debriefings (CISDs)--definition:***
 - Combination of mental health and peer guided 1 1/2 to 3 hour group meetings with intent to reduce the impact of an event and accelerate recovery*

CRITICAL INCIDENT STRESS MANAGEMENT

- ***Debriefings-- 7 phases:***

- Introduction, Fact, Thought, Reaction, Symptom, Teaching, and Re-entry

CRITICAL INCIDENT STRESS MANAGEMENT

- ***Defusings***--definition:

- *Shortened versions of Debriefings*
- *20 min. to 1 hour small group interventions*
- *Must be provided within 8 hours of incident; used for smaller groups*
- *3 phases: Introduction, Exploration (fact), Information (teaching)*

CRITICAL INCIDENT STRESS MANAGEMENT

Demobilizations

- *For large groups only (100 personnel)*
- *Very rare/reserved for large scale events/substitutes for a defusing*
- *10 minute information section from CISD team member, followed by 20 minutes for food and rest*

CRITICAL INCIDENT STRESS MANAGEMENT

*Previous **CISD** venues*

NYC--fire bombing, 1990; Charleston, SC--Hurricane Hugo, 1990; Los Angeles--Civil riots, 1992; Miami--Hurricane Andrew, 1992; Kuwait--Desert Storm, 1992; Somalia--Civil unrest, 1993; Midwestern USA--Floods, 1993; Oklahoma City--Bombing, 1995; Nellis AFB--Fall 1998; WTC Terrorist Attack 2001.

CRITICAL INCIDENT STRESS MANAGEMENT

*Traumatizing events--likely to require
CISM's*

- *Natural disasters--hurricanes, floods, fires, earthquakes*
- *Mass casualty accidents--airplane crash, automobile crash*
- *War*
- *Large scale environmental pollution*

CRITICAL INCIDENT STRESS MANAGEMENT

Traumatizing events (cont'd)

- *Terrorist acts*
- *Child related traumatic events*
- *Multiple homicides in community*

CISM-Historical Perspective

- *Early responses to Trauma*
 - *World Wars: 1st occurrence of treating psychiatric casualties with purpose of attempting to return some of these to their combat units*
 - *These approaches were primarily one-on-one interventions by psychiatrists assigned to combat units*

CISM-Historical Perspective

- *The “second stage” of treatment evolved in the 1980’s with development of group interventions to address needs of large number of victims exposed to the same “critical incident”*
 - *These were designed originally by J. Mitchell (more on this later) to assist civilian emergency services personnel*

CISM-Recent Developments

- *Consensus Guidelines (2001)*
 - *30 Oct – 1 Nov 01, 58 invited authorities in disaster mental health from 6 countries met*
 - *Discussed impact of trauma/mass violence upon individuals, families and communities*
 - *Impact of early psychological interventions*
 - *Asked a number of questions*

CISM-Recent Developments

- *Questions to be addressed:*
 - *What current good practice should be recommended?*
 - *What should the key operating principles be?*
 - *What are the issues of timing of early intervention?*
 - *What is appropriate screening?*
 - *What is appropriate follow-up, for whom, over what period of time?*
 - *What expertise, skills, and training are necessary for early interventions, at what level of sophistication?*

CISM-Recent Developments

■ *Consensus Findings:*

- *Many practices (stress debriefings, etc) have shown the potential to do harm*
- *Expect normal recovery in the immediate post-incident phase*
- *Interventions should be tailored*
- *The term “debriefing” should only be used to describe operational briefing*

CISM-Recent Developments

- *Consensus Findings (cont'd):*
 - *We should conduct scientifically valid research to improve prevention, assessment, early intervention and treatment*
 - *Participation should be voluntary*
 - *Follow-up should be offered to individuals/groups at high risk of developing psychological problems subsequent to trauma*





POST-TRAUMATIC STRESS DISORDER

DSM IV CRITERIA

- *Person exposed to traumatic event*
- *Event persistently re-experienced (sense of reliving event, dreams, recollections)*
- *Avoidance of stimuli/emotional numbing*
- *Symptoms of increased arousal (anger, difficulty concentrating, sleep problems)*

POST-TRAUMATIC STRESS DISORDER

■ *Lifetime Prevalence*

- *8% of general population--1/2 recover in 3 mo*
- *Ranges from **33-50%** of certain populations*
 - ***Military combat and captivity survivors***
 - *Rape victims*
 - *Survivors of ethnic/political internment or genocide*

■ *High Co-Morbidity with other MH problems*

- *Mood/Substance/Panic/Phobic/OC Disorders*

POST-TRAUMATIC STRESS DISORDER

Mediating Factors in development and recovery from PTSD

- *Social Supports*
- *Family History*
- *Personality Variables*
- *Preexisting mental disorders*
- *Early and appropriate treatment (CBT, Medications)*

POST-TRAUMATIC STRESS DISORDER

What should be the response to a mishap?

- *Local CIST chief notified of Class A mishap*
- *Local CIST provides CIS Management to victims, rescuers, SIB members*
- *Home base CIST responsible for support to local personnel and families*

POST-TRAUMATIC STRESS DISORDER

What about SIB members?

- *All AFSC SIB reps will receive CISM training to*
 - *Provide peer support*
 - *Assist in ID of needs of other SIB members*
 - *Make appropriate referrals and requests for consultation from local CIST*

POST-TRAUMATIC STRESS DISORDER

What about SIB members?

- *A peer stress debriefer will be assigned to support the SIB, as needed*
- *“SIB members and supporting personnel should have the opportunity to receive a final stress defusing or CISD as a group prior to departure”*
- *The CIST team chief will help make that call*

POST-TRAUMATIC STRESS DISORDER

What about SIB members?

- *The psychologist (human factors consultant) on the SIB will not participate in any CISM activities for local personnel—this is handled by the local CIST*

